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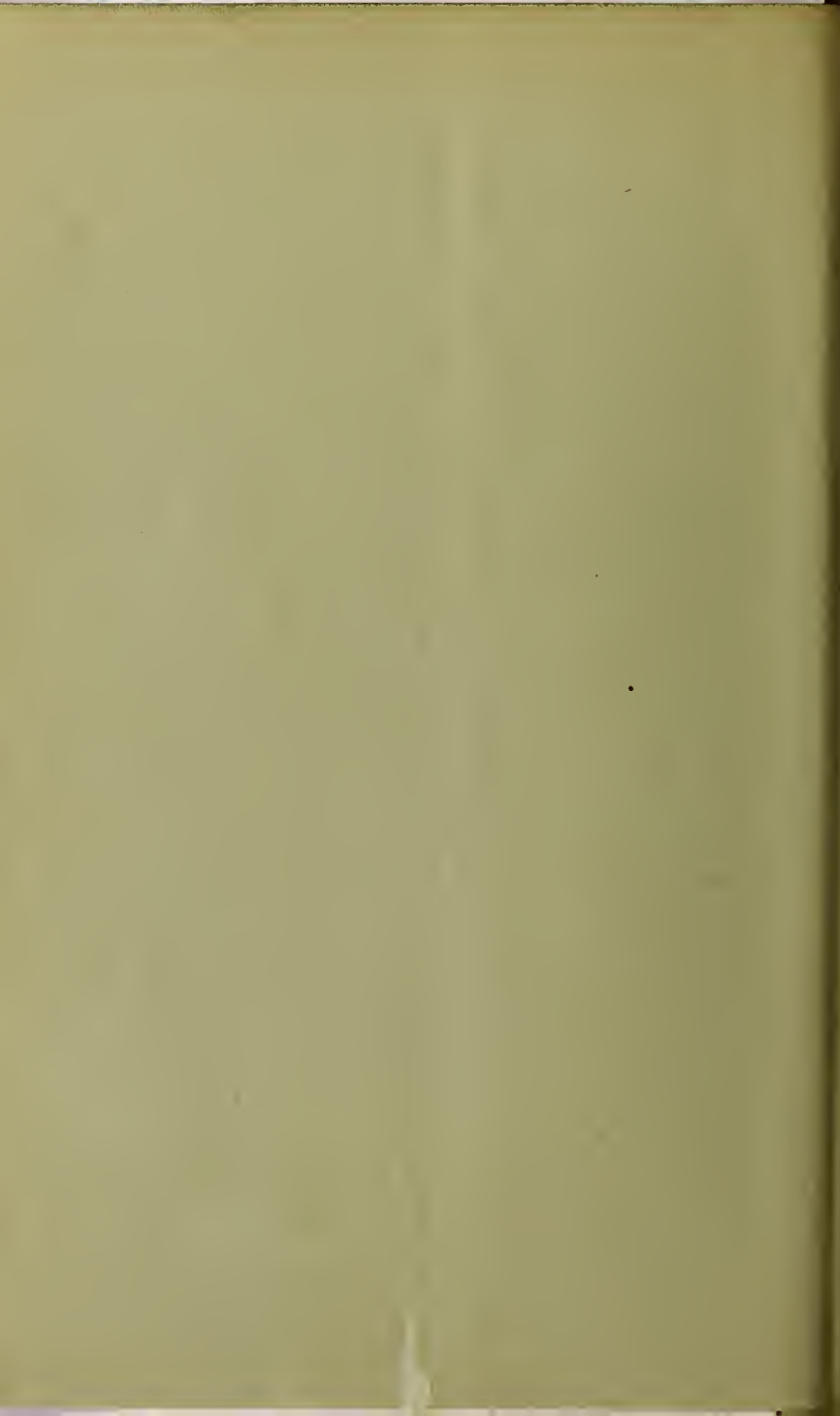
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A CASE OF CHOROIDAL INFLAMMATION,
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ON the 3d of October, 1896, I was consulted on account of impaired vision, by a physician, forty-six years of age, practising near New York City, who gave me the following history:

While attending a patient, a confinement case, where he was obliged to wait for a period of more than twelve hours, he passed, as he thinks, ten hours of the time almost continuously in reading a book or two books printed in rather, but not excessively, small type. He is confident that his vision up to that period was excellent in each eye, for besides his ordinary employment as a physician, he tested his eyes frequently in shooting. On the next morning after this period of reading occurred, he found a blur, apparently over both eyes, but finally he settled down to the conclusion that it was confined to the right eye. It was very disturbing. He considered himself overworked, and he took a trip on the water and was exposed to the glare, without any particular pains being taken to prevent its influence on his eyes. The blur continued about the same during his trip and on his return home. About six weeks after the failure of his sight, he sought my advice. I found his vision was $\frac{20}{30}$ in the right eye, in the left eye $\frac{20}{20}$, that the vitreous humor of the right eye was hazy, so that no good view could be obtained back of it. I prescribed for him, but find-

ing that he did not grow worse, he did not consult me again until the 10th of January, 1898, when I found exactly the same vision, the right eye, $\frac{2}{30}$, the left $\frac{2}{20}$. He complained of the same subjective blur, which he insisted had never changed since the morning after the exposure of his eyes to prolonged use. I then found, on ophthalmoscopic examination, that the vitreous had quite cleared up, but there were several spots of choroidal atrophy over which the retinal vessels passed. The patient was continuing his occupation as a physician, besides being somewhat interested as a municipal officer in a small city, and had no particular inconvenience, except that he always has what he called a blind spot in his right eye, as at his visit in 1896. On the 19th of December, 1903, the doctor again consulted me, and I found his vision exactly the same with the right eye, rather better with the left, it being indicated by the fraction $\frac{2}{15}$. The ophthalmoscope showed the same extensive choroidal changes—atrophy in the right eye. The left fundus oculi appeared to me to be normal. The patient came at this time to be fitted with glasses for reading, he having become very presbyopic.

Remarks.—Although continuous use of the eyes on small objects is constantly enumerated in textbooks as one of the causes of inflammatory action in the eyeball, such a result is really seldom seen by the oculist. One of the reasons may be that the asthenopia, which generally follows excessive use, usually causes patients to desist from undue occupation with their eyes, before the danger line has been crossed. Naturally, exceptions to this condition are made in the case of myopes, for myopia is itself an inflammatory condition; but I am referring now to persons who start with emmetropic,* or hypermetropic, or slightly hypermetropic, and sound eyes. The relation of cause to effect in the case I am reporting is pretty distinct. The observer was intel-

ligent, had good occasion to watch his vision in his occupations, and states distinctly that he never felt the blur until the morning after this continued use. Probably the choroiditis was set up at that time. It is also remarkable, in this case, that the disease came to an immediate standstill, so far as impairing the function of vision is concerned. One would have expected that the choroiditis would advance, as the patient took no extraordinary means to protect his eyes from this danger. On the other hand, his sea trip was just what an oculist would not have advised. It is interesting to note that the retina has not been invaded, to any very considerable degree at least, by this inflammatory action. The process attacked the vascular part of the eyeball, and immediately invaded the vitreous, causing the hyalitis, which was all there was to be seen on the first examination in 1896. It is also interesting to note, as it seems to me, that this is a traumatism rather than an infection of the eye. In later times, with our advanced knowledge in infectious diseases, we sometimes are inclined to ignore primary, mechanical and chemical causes, which apparently produce conditions entirely similar to those from pure infection.

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